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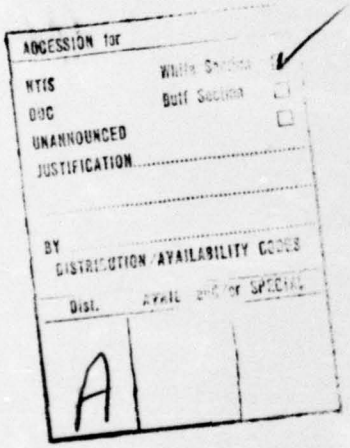

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ISSUES IN SERVICES DELIVERY TO ETHNIC ELDERLY*

Duran Bell and Gail Zellman

Abstract

A large number of elderly persons spend their last years in life situations characterized by inadequate income, poor housing, and a lack of medical care and other needed services. The inadequacies of essential services is particularly significant for elderly members of ethnic and cultural minority groups; for many of them, the factors which contributed to a lifetime of economic and psychological struggle are exacerbated in old age.

In this paper ~~we focus~~ is focused attention on the problems of services delivery to elderly members of ethnic groups. In so doing, ~~we do not wish to~~ it is not suggested that the needs of Anglo Americans have been addressed adequately by public policy, but only that failures of public policy often are aggravated by political, cultural and historical experiences which some ethnic groups bring to the American scene.

This paper reviews the literature relevant to services delivery to elderly Chinese, Japanese, Filipinos, Samoans, American Indians, Mexican Americans and black Americans. These groups were chosen for study because we believed that each of them would manifest particular economic and demographic characteristics which affect the level of social services needs, or that they have cultural and historical characteristics which affect their readiness to seek access to social services, or that they may suffer in some special manner from inadequacies in the design of the services delivery system.

The numerical significance of these groups varies greatly--the largest group being black Americans, over 22.5 million, and the smallest being Samoans, only 35,000 in 1970. Mexican Americans are the second largest group with slightly more than 5 million in population, followed by American Indians who number approximately 793,000 by census estimate and Japanese and Chinese who, together, sum to approximately one million. (See Table 1.1.)

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*To be presented at the annual meeting of the Western Gerontological Association in San Diego, California, March 29, 1976.

Table 1.1

Race	Population	Percent of Total Population	Elderly as a Percent of Population
Chinese	435,062	.21	6.22
Japanese	591,290	.29	8.02
Filipino	343,060	.17	6.31
Samoan	35,000	.02	N.A.
Mexican American	5,023,000	2.47	8.44
American Indian[a]	792,730	.39	5.74
Black	22,580,289	11.11	7.03
Total (including Anglo)	203,211,926	100.00	9.89

Source: U.S. Department of Commerce, Subject Reports, 1973.

[a]The number of American Indians has also been estimated by the Bureau of Indian Affairs. This count is limited to those living on or near reservations.

These census estimates have been repeatedly challenged by members of ethnic groups on the grounds that various impediments to accurate reporting give rise to census figures which understate the true numerical prominence of their groups in the population. For most groups there is a tendency toward underestimation due to the relative underemuneration of lower socio-economic groups in which minority persons are more likely to be found. Persons of lower socio-economic status are less likely to have stable residences, be literate in English, or have the benefits of citizenship and legal residency. All of these factors militate against accurate census enumeration.

Some members of minority groups are concerned that their numerical significance not be understated, simply for reasons of racial pride. However, there are important public policy consequences which can arise when the underenumeration is concentrated among those whose needs for social services are greatest. For example, the percentage of elderly persons who receive social security benefits is quite likely to be overestimated for all groups, and the extent of this overestimate will tend to vary among ethnic groups by the relative magnitude of the census underenumeration. It is quite possible, therefore, that census figures may fail to alert us to some outstanding deficiences in the services delivery system.

On the other hand, the size of the population, per se, may not be important to the development of improved services delivery mechanisms. The feasibility and desirability of designing components of the services delivery system which address the needs of a given group depend not only upon the total number of such persons, but depend equally upon the geographic distribution and concentration of potential service beneficiaries within the relatively small jurisdiction through which services are provided. The inclusion of Samoans in this review illustrates this point: While Samoans are an extremely small group, they are located largely in the southern part of Los Angeles County. Hence, it is possible, and perhaps desirable, to develop community-based services delivery mechanisms which could facilitate the interaction of elderly Samoans with the larger services system.

Secondly, important differences often emerge *within* local communities, seriously affecting the organization of group activity and the delivery of services. Among American Indians for example, there are hundreds of tribes and a number of major tribal divisions. The extent to which tribal differences give rise to political and other differences is not clear. There is some evidence that multi-tribal cooperation is feasible, but such feasibility must be subjected to continued testing and observation. Similarly, Mexican Americans exhibit many historical and phenotypical differences among themselves. Of special significance are differences in residence and citizenship status. And among black Americans there are many differences in social class, politics and other factors which affect, or interfere with, unified community strategies for social action. These social and cultural characteristics within the ethnic group population of an area must be understood if public programs are to be properly designed.

Factors in Service Utilization

The factors which seem most important in affecting the use of services by elderly persons of minority groups can be placed under the following headings: (a) differences in socioeconomic status; (b) cultural factors; (c) differences in eligibility for services; (d) communication and language barriers; and (e) differences in physical and financial access. Briefly, we shall discuss each of these issues and conclude with some recommendations for improvement in the social services delivery system.

Differences in Socioeconomic Status

With the exception of the Japanese, and perhaps the Chinese, spokespersons for the various ethnic groups point to the greater social and economic distress suffered by members of their group as a justification for greater attention to their social services needs on the part of public agencies and government decisionmakers. It has been pointed out that blacks, Mexican Americans, and American Indians suffer lifetimes of discrimination and impoverishment and that such hardships multiply in old age to pose

special hardships to elderly group members (Double Jeopardy, 1964). The validity of these observations is supported by Census data indicating differences in median years of education and differences in personal income among minority group members age 65 and over and 25 to 34. See Table 1.2.

The significance of group differences on objective social indicators is not entirely clear. The sociodemographic status of the average group member may not always be relevant to the analysis of services delivery. The fact that blacks have lower average and median incomes than Anglos, and that they are less likely to receive social security benefits, tells us very little about barriers to services delivery and the need for change in the delivery system. Nor does the fact that on the average, Japanese have higher levels of education and income, suggest that special programs addressed to Japanese elderly should not be developed.

Moreover, one cannot assume that differences in the incidence of poverty and its sociodemographic correlates among ethnic groups are proxy indices of differential services needs. Analysts often report countervailing, moderating, factors which would mitigate the subjective consequences of differences in objective status. For example, it is frequently alleged in the literature that the *affective* dimensions of the several ethnic cultures moderate the impact of "objective" sociodemographic conditions. Students of Mexican American, black, Asian and American Indian culture often argue that the family structure and values of these groups have facilitative and psychologically integrative functions for elderly (and nonelderly) members. All of these groups claim a greater tendency toward intergenerational interaction and supportive friendship relations in contrast to the presumed coolness and distance of interpersonal interactions among Anglos (Kitano, 1969; Billingsley, 1969; Torres-Gil, 1972).

Data on the mental health status of black elderly suggest that ethnic cultures may provide sources of strength to members. In spite of the much greater economic deprivation experienced by elderly blacks, one finds that they are less likely than Anglos to commit suicide (Hill, 1972) and tend to have higher scores on measures of morale (Hirsch, 1974).

Table 1.2

SOCIODEMOGRAPHIC CHARACTERISTICS OF PERSONS 65 AND OVER,[a] BY RACE, BY SEX, 1970[b]

	Median Years of Schooling		Median Income (Dollars)	
Race	Male	Female	Male	Female
Total (including Anglo)	8.5 (12.6)	8.8 (12.5)	2870 (7954)	1370 (3315)
Chinese	6.7 (16.1)	4.4 (13.6)	1343 (6887)	1188 (4090)
Japanese	8.5 (14.6)	8.3 (12.9)	2482 (8316)	1312 (4893)
Filipino	5.4 (13.1)	4.9 (14.4)	2528 (5897)	1130 (4496)
Mexican American	3.9 (10.7)	4.0 (10.1)	1877 (6089)	1201 (2615)
American Indian	6.6 (11.9)	7.5 (11.3)	1654 (5133)	1162 (2445)
Black	5.6 (12.0)	6.7 (12.1)	1725 (5620)	1079 (3147)

[a]The numbers in parentheses are the figures for persons 25-34 years old.

[b]SOURCE: U.S. Dept. of Commerce, Subject Reports, 1973.

These findings are consistent with the theory of relative deprivation (Stouffer et al., 1949; Cantor and Daum, 1974) which postulates that a person's sense of well-being is strongly affected by comparisons of his status relative to that of his contemporaries and/or relative to his own earlier lifetime situation. Those whose comparison group is relatively poor are less likely to feel deprived when they occupy a specific objective status than those whose comparison group is better off.

This would suggest that elderly blacks (and elderly persons of most other minority groups) would experience greater life satisfaction and morale than *similarly situated* Anglos. Hence, one may not safely presume that persons who are poorer, or whose housing is "substandard," have greater "needs" in any psychologically meaningful sense of the term. Additionally, fewer felt needs for services may be important in explaining underutilization of social services.

Cultural Factors

Historical and cultural differences among ethnic groups represent obvious possible sources of differences in the extent to which particular services and services delivery methods will be accepted and utilized by elderly members of minority groups. It has been suggested, for example, that elderly Mexican Americans may seek medical care from "curanderos," rather than medical doctors (Clark,1959), and that elderly Chinese may prefer herbalists (Cattell, 1962). Such observations are suspect, however, since it is easy to exaggerate the actual significance of traditional service providers. Moreover, the use of traditional medicinists may be influenced by the financial and/or physical inacessibility of physicians, rather than cultural factors alone. On the other hand, cultural and historical differences are clearly relevant to the selection of nursing homes and residential location in general. And, as Clark (1959) has pointed out, culturally based differences in expectations and norms may have significant implications for the manner in which providers should interact with clients.

Cultural differences are critically important in affecting the use of facilities and governmental programs. Yet, the extent to which these factors affect services delivery appear to be lessening in the course of

time. For example, earlier studies have indicated that elderly Japanese tend to refuse social security benefits (Kitano, 1969); yet, 1970 census data indicate considerable acceptance. Also, the extent to which cultural differences are important to the design of services delivery methods varies greatly *within* ethnic groups. This is true particularly for Mexican Americans, among whom there are many whose ancestors entered North America several centuries ago and others who, themselves, immigrated to the United States in recent years. Hence, one should avoid a simple cultural characterization of any ethnic group. It is not only the poorest and least acculturated members of a group who are deserving of social services, and a properly designed system of services delivery must be cognizant of the heterogeneity of its client population.

Differences in Eligibility for Services

Interethnic differences in eligibility for social security benefits have been moderated in recent years as a result of the gradual expansion of coverage among occupations. Hence, future generations of persons over 65 should manifest fewer interethnic differences in the incidence of social security benefit status. However, differences among the now-elderly are significant. See Table 1.3. Except for the Japanese, each ethnic group is significantly less likely than Anglos to receive social security benefits. And, except for the Chinese, the difference in social security eligibility tends to be compensated by a greater likelihood of receiving public assistance. However, public assistance generally has much lower support payments than social security. Hence, differences in social security benefits remain a source of income differences among ethnic groups.

It has been noted (Steglich et al., 1968) that prior to 1967 non-citizens in Texas were not eligible for public assistance--a provision which had specific consequences for Mexican Americans. There are other Mexican Americans who are unlikely to seek the benefit of public income supports due to *illegal* residence, or a lack of documentation of legal residence. A large number of elderly Mexican Americans have lived in

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*In this context "groups" may connote persons within a given ethnic group who reside within the jurisdiction of a service provider.

Table 1.3

PERCENTAGES OF PERSONS OVER 60 RECEIVING SOCIAL SECURITY AND PUBLIC ASSISTANCE, BY RACE, 1970*

Race	Percent Receiving Social Security	Percent Receiving Public Assistance**
Chinese	50	13.0
Japanese	64	9.5
Mexican American	49	24.0
Black	52	20.7
Anglo	62	8.2

this country for many years without obtaining official certification of their residential status and who not only avoid the census taker but also forfeit benefits for which they may be eligible.

Spokespersons within the Mexican American community have called for a general proclamation to bestow legal residential status upon all persons who have been in the United States for some specified period. While such a proposition is subject to considerable political controversy, such a proclamation would be less controversial, perhaps, if extended to persons who can prove continuous residence over (say) the last 15 years and/or to elderly persons who have lived here for as long as 7 years. Reducing the required length of residence to a period much less than 15 (7) years also may be desirable, but the politics of migration and the economics of labor markets become increasingly relevant and problematic. Nothing is gained, however, by creating situations in which persons who have contributed many years of labor to the American economy continue to live in fear of deportation.

Of all the groups covered by this review, American Indians have been most effectively denied access to available social support programs. The root of this difficulty is that only those American Indians who live on or near the reservation have access to programs provided by the Bureau of Indian Affairs (BIA). Indians who have left the reservation often find

*Source: 1970 census

**There are some individuals who receive both social security and public assistance.

that local services providers disdain responsibility for them on the ground that, as Indians, they should turn to the BIA. Additionally, there appears to be considerable reservation-city movement among Indians, providing city and county welfare agencies the rationale that those Indians who need services should simply return to the reservation where BIA support is assured.

The existence of the BIA makes it unrealistic to expect other social support agencies to view Indians in the same way that they view other clients, forcing Indians who may be trying to achieve success in the city to return to the reservation. Yet, federal policies and programs have sought to encourage permanent movement of Indians to the city. The current contradictions in federal policy toward American Indians, young and old, exacerbate an already difficult adjustment process. In the long run, Indians must have access to the same services and carry the same responsibilities as other Americans. Current policies tend to deny them adequate social support and simultaneously frustrate their efforts toward independence.

Communication and Language Barriers

Among the elderly members of the Asian and Mexican American communities, there are many who are unable to understand and/or communicate in English. Hence, it has been suggested that they may fail to be aware of the existence of social services or reluctant to use them for this reason. There are unquestionably many services for which use of English would be facilitative. For example, medical examinations are easier to conduct when patient and physician speak the same language. And a fear of difficulties in communication may cause persons who cannot find a services provider within their community to forego such services altogether. This especially would be the case if fears of ethnic prejudice compound the embarrassment regarding the language difficulty. Unfortunately, there have been very few efforts to study the consequences of racial differences for the nature of patient-provider interaction, and we have no basis for assessing the impact of such interaction upon the utilization of services by members of minority groups.

On the other hand, language barriers are often blamed for failures of services delivery which have more deep-seated causes. The importance of the communication problem in the underutilization of housing for the elderly in San Antonio (see Reich, et al., 1966; Carp, 1969) has probably been exaggerated. There were a number of other factors which were sufficient to reduce the extent to which elderly Mexican Americans were made aware of the housing project. Since language differences tend to be correlated with other differences relevant to services utilization, isolating the effects of language differences, *per se*, is a difficult problem; additional research is needed in this area.

Differences in Physical and Financial Access

It is obvious that elderly members of minority groups have special problems of physical and financial access to social, medical and other services. The high incidence of poverty among older persons in general and older minority persons in particular assures that services which require out-of-pocket expense are less available to the elderly. Today, the elderly have increasing access to medicare and/or medicaid benefits; hence, a major source of financial uncertainty and financial ruin has been reduced, if not eliminated. General income support programs still are inadequate for many persons, yet, even here there have been gradual improvements in the level of support, as well as broadened eligibility. These improvements in the system of income support have special importance to elderly members of minority groups, who tend to have fewer accumulated assets to draw on in old age (Goldstein, 1971).

However, problems of physical access have not been adequately addressed by public policies. It has been remarked, for example, that in some areas, the offices where food stamps are distributed are not always readily accessible to persons who do not have private automobiles, or that medical care providers may tend to locate in affluent areas, quite distant from the Chinatowns, barrios and ghettos in which so many of the elderly live.

It often is difficult, however, to determine the extent to which an apparent physical access problem is aggravated by fears of impolite treatment by services providers whose offices are outside of minority neighborhoods; or whether financial factors further complicate locational factors. For example, it is well known that blacks tend to seek routine care in the

emergency outpatient wards of hospitals and are less likely than Anglos of the same socioeconomic status to visit physicians in their offices. To some extent, this failure to develop "normal" doctor-patient relatioships may be associated with the anxiety produced by such relationships among black patients (Bauer, 1969).

While one would like to separate out the various factors which may differentially affect the utilization of services by members of minority groups, such specific information may not be required if one's goal is to improve the system of delivery. In particular, the establishment of medical clinics, other services providers and referral services within minority communities has been shown to be useful in increasing the utilization of services. Self-Help for the Elderly, in San Francisco's Chinatown and similar organizations bring to the elderly a wide range of programs, generally in conjunction with outside agencies. Such organizations have not been extensively developed, nor fully evaluated, yet promise to reduce barriers to access which are suffered by the most disadvantaged segments of the elderly population.

SUGGESTIONS FOR CHANGE IN THE SYSTEM OF SERVICES DELIVERY

Given the paucity of literature which examines the services delivery processes that affect elderly members of minority groups, it is not possible to delineate detailed and wide-ranging recommendations for improving services delivery. But there are several program and/or policy issues which would have major significance, where we could suggest policies that should be given serious consideration:

- Elderly Mexican Americans, and other elderly persons of foreign origin who have long resided in the United States should no longer suffer the fear of deportation and the various deprivations of "nondocumented" residential status. Many of them have contributed years, perhaps a lifetime, of labor to the American economy; yet, upon reaching old age, they may fear to seek the benefits of public services and income support programs. Eligibility for such programs would be facilitated if all persons over 65 who have lived in the United States for some specified period of time were awarded legal residency.

- The Indians have surely been the worst victims of America's "manifest destiny." Today, they suffer the impact of conflicting federal policies and are often refused access to public services on the grounds that the BIA should have jurisdiction.

  Some Indians do return to the reservation, and many others move frequently to other cities, but local agencies are not in a good position to ascertain the mobility patterns of claimants for its services. Clearly, simple exhortation is unlikely to motivate local agencies to provide services to American Indians at the expense of local taxpayers.

  The simplest resolution of this difficulty is to require local social and income support agencies to provide services to Indians on the same basis as that specified for other persons, and for the federal government, after notification from the BIA, to subsidize local agencies by some percentage of incremental service cost. The procedure proposed here would place upon the BIA, not the local agency, any responsibility for monitoring the movements of persons among cities and between cities and reservations.

- Problem of services delivery associated with cultural differences and with difficulties in physical access can be significantly moderated by the development of services intermediaries such as Self-Help for the Elderly in San Francisco. Organizations of this type can be especially useful in Chinatowns, little Tokyos and other relatively small barrios and ghettos where elderly persons may be in need of services, yet unable and/or unwilling to leave the community. We recommend the maintenance of existing self-help programs and the development of additional programs.

- Another way to reduce culture conflict between client and provider is to increase the availability of persons from the ethnic groups who have professional and/or paraprofessional training in medical and social services fields. While it is clear that efforts have been made in this direction and that there has been some progress, some groups (especially American Indians) may not have received sufficient emphasis.

- o <u>There should be a significant expansion of research on the interaction of elderly members of minority groups with the services delivery systems.</u>

  We have found almost no literature at all regarding elderly Indians and were forced to induce our findings from more general discussions of American Indians.

  The literature on the Japanese elderly has tended to avoid a serious discussion of problems among the Issei, in preference for a description of the relatively secure status which many of them enjoy, or in preference to discussions of the acculteration processes of later generations.

  A literature seems to be emerging regarding elderly Chinese, but much of this literature is not useful for improving the system of services delivery. And for other Asian and Pacific American groups, the literature is almost nonexistent.

  For Mexican Americans there has been a gerontological literature which has addressed problems of services delivery. However, the Mexican American literature has been largely ethnographic and has focused upon a fairly narrow substratum of the Mexican American population. Hence, its results may not be an accurate guide for public policies toward elderly Mexican Americans in general.

  The literature on black elderly has been by far the most extensive. Yet, there has not been sufficient emphasis upon problems of services delivery; and many studies have failed to adopt research methodologies which would enable one to separate out locational, occupational and other factors from race, *per se*.

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